

**PRIVATE SPECIAL EDUCATION SCHOOLS
ANNUAL APPLICATION FOR APPROVAL 2007-2008**

**Complete all requested information. Retain a copy for your files.
Attach all required documentation.**

Mail to: Roberta Brown, Education Program Specialist
Arizona Department of Education
1535 W. Jefferson, Bin # 24
Phoenix, Arizona 85007
Phone: (602) 364-4006 Fax (602) 364-0428

**SECTION ONE
ADMINISTRATIVE INFORMATION**

Corporate Name: _____ **Entity CTDS #** _____.

Mailing Address: _____.

_____.

Corporate Contact: _____.

Name / Title

Phone # _____ **Fax #** _____.

Email Address: _____.

School Administrator: _____.

Name / Title

Phone # _____ **Fax #** _____.

Email Address: _____.

Check one:

☐ **Certified in an administrative area**

**Attach a copy of certification

☐ **Certified and experienced in appropriate area of special education**

**Attach a copy of certification and documentation of experience

☐ **Grandfathered without certification under approval of ADE**

SECTION TWO

STATEMENT OF ASSURANCES

The Applicant assures that special education programs and services approved by the Arizona Department of Education shall be operated in accordance with all applicable state and federal statutes, regulations, and policies; and the Applicant agrees to comply with all provisions of such requirements, regulations, and policies. **All requirements of the Individuals with Disabilities Education Act (IDEA) must be followed in providing a free appropriate public education for the special education students placed at your school.**

The Applicant further agrees:

1. To provide special education services and related services as specified in district contractual agreements or voucher system requirements in compliance with the student's Individual Education Program (IEP).
2. To accept only students who meet the categorical eligibility criteria (as defined in ARS15-761 and A.A.C. R7-2-401 et seq) for which the private program is approved, regardless of the placing or funding source.
3. To provide teachers who are certified in the areas of exceptionality for which the private program is approved.
4. To ensure any child placed through the IEP process will not be discharged except through the IEP process.
5. To meet ED-P program criteria for any student funded as ED-P through the census or voucher system.
6. To administer state assessments as required and to submit assessment materials to contracting school districts and Home School districts in a timely manner.
7. To integrate students placed through the IEP process into less restrictive public school programs as soon as determined appropriate by the IEP team.
8. To maintain instructional services consistent with the curriculum submitted to and approved by ADE and to provide for review, upon request, this curriculum to the contracting public school district or Home School District to ensure students will be eligible for promotion or graduation upon completion of the private school program.
9. To utilize facilities which are at least comparable to those used by the public schools of Arizona.
10. To report immediately in writing all changes in staffing or program to ADE / ESS as well as to contracting public school districts and state placing agencies as applicable.
11. To provide in a timely manner student documents including, but not limited to, voucher paperwork, attendance records, progress data and reports, grades and transcripts as required by ADE, the contracting public school district, or Home School District.
12. To maintain student education records in accordance with A.R.S. 15-141, 20 U.S.C. 1232(g) and (h), 20 U.S.C. 1401, and 34 C.F.R. Part 99 and 34 C.F.R. 300.560 through 576.
13. To maintain full and accurate records of operation pursuant to this application and make these records available to the ADE and contracting public school districts for examination and audit at any reasonable time and place. No placing agency may be billed for any services for which the applicant agency receives revenue from other sources.
14. To permit on-site monitoring of the program by representatives of the Arizona Department of Education, contracting public schools or Home School Districts.
15. That no person shall, on the basis of race, color, national origin, disability, or sex be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives federal financial assistance. Admissions policies for private schools are understood and agreed to be part of such programs. The applicant agrees to ensure compliance with the Governor's Executive Order 75-5 prohibiting discrimination in employment, as well as Title VI of the Civil Rights Act (45 U.S.C. 2000(d); Title IX of the Education Amendments of 1972 (20 U.S.C. 1681-1683); Section 504 of the Rehabilitation Act (29 U.S.C. 794); the Age Discrimination Act (42 U.S.C. 6010); and the Americans with Disabilities Act (42 .12101 et. seq.).

The Applicant recognizes and agrees that approval status and financial assistance from public funds will be based on the representations and agreements made in these assurances, and that the United States and the State of Arizona, individually or jointly, shall have the right to seek judicial enforcement of these assurances. These assurances are binding on the Applicant, and the person whose signature appears below is authorized to sign these assurances on behalf of the Applicant.

By: _____
Authorized Signature Date

Authorized Name and Title
Authorized name and title

SECTION THREE PROVISION OF SERVICES

Please check disability categories for which you wish to be approved (approval based on appropriate certification):

	CATEGORY	TEACHER CERTIFICATION REQUIRED
<input type="checkbox"/>	Autism (A)	Cross-Categorical or LD, ED, or MR with courses (3 credits) or training (40 hrs) in Autism
<input type="checkbox"/>	Emotional Disability (ED) / (ED-P)	ED, or Cross-Categorical with +20 hours training in ED
<input type="checkbox"/>	Hearing Impaired (HI)	HI
<input type="checkbox"/>	Mild Mental Retardation (MIMR)	MR or Cross-Categorical
<input type="checkbox"/>	Moderate Mental Retardation (MOMR)	MR or Cross-Categorical
<input type="checkbox"/>	Orthopedic Impairment (OI)	OI or Cross-Categorical
<input type="checkbox"/>	Other Health Impaired (OHI)	OHI or Cross-Categorical + needed healthcare provider
<input type="checkbox"/>	Severe Mental Retardation (SMR)	MR or Severely And Profoundly Disabled
<input type="checkbox"/>	Specific Learning Disability (SLD)	LD or Cross-Categorical
<input type="checkbox"/>	Speech-Language Impairment (SLI)	Speech And Language Impaired
<input type="checkbox"/>	Traumatic Brain Injury	Certification required for co-occurring disability category
<input type="checkbox"/>	Visually Impaired (VI)	VI
<input type="checkbox"/>	Preschool Language Delay (PSL)	Early Childhood Special Education
<input type="checkbox"/>	Preschool Moderate Delay (PMD)	Early Childhood Special Education
<input type="checkbox"/>	Preschool Severe Delay (PSD)	Early Childhood Special Education
<input type="checkbox"/>	Non-Special Education **Requires submission of North Central Accreditation certificate**	
ATTENTION: If you request approval for either of the two following categories, you must identify the contributing categories for which you will provide direct service.		
<input type="checkbox"/>	Multiple Disabilities (MD): <input type="checkbox"/> HI <input type="checkbox"/> VI <input type="checkbox"/> OI <input type="checkbox"/> MOMR <input type="checkbox"/> MIMR <input type="checkbox"/> ED <input type="checkbox"/> SLD.	All Certifications Required For Contributing Categories
<input type="checkbox"/>	Multiple Disabilities-Severe Sensory Impairment (MDSSI): <input type="checkbox"/> Severe HI <input type="checkbox"/> Severe VI <input type="checkbox"/> MOMR <input type="checkbox"/> SMR <input type="checkbox"/> Severe ED	All Certifications Required For Contributing Categories

SECTION FOUR
SCHOOL SITE INFORMATION
(COMPLETE SEPARATE PAGE FOR EACH SITE)

School Name: _____ Site CTDS # _____.

Physical Address: _____
_____.

Site Contact Person: _____
Name / Title

Site Phone # _____ Fax # _____.

Site E-Mail Address: _____.

School District(s) in which site is located: _____.

This site is: (Check one only)

- ☐ Day Program Only
☐ Residential School Only
☐ Both Day and Residential

Was this site approved for the 2005-2006 school year? ☐ YES ☐ NO

**** If "NO", site must be inspected by ADE before final approval will be given. ****

Check all grades to be served at this site:

- ☐ PreSchool "Description of Service Delivery" form must be completed and submitted to be approved for this grade level.
- ☐ Kindergarten
- | | | | |
|---------------------------------|---------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> First | <input type="checkbox"/> Fourth | <input type="checkbox"/> Seventh | <input type="checkbox"/> Tenth |
| <input type="checkbox"/> Second | <input type="checkbox"/> Fifth | <input type="checkbox"/> Eighth | <input type="checkbox"/> Eleventh |
| <input type="checkbox"/> Third | <input type="checkbox"/> Sixth | <input type="checkbox"/> Ninth | <input type="checkbox"/> Twelfth |

SECTION FIVE
CERTIFIED STAFF LIST
for
Name of Site

Students placed through the IEP process (all day school students) must be served with a student-teacher ratio no greater than 10-1 with a paraprofessional

Name of Teacher	Special Education Certifications Held (Check all that apply)	Certificate Number	Expiration Date	Change	Date of Change	Administrator Initials
	<input type="checkbox"/> Cross Categorical <input type="checkbox"/> ED <input type="checkbox"/> LD <input type="checkbox"/> MR <input type="checkbox"/> OHI <input type="checkbox"/> OI <input type="checkbox"/> HI <input type="checkbox"/> VI <input type="checkbox"/> SLI <input type="checkbox"/> Severe/Profound <input type="checkbox"/> Early Childhood			<input type="checkbox"/> Add <input type="checkbox"/> Delete		
	<input type="checkbox"/> Cross Categorical <input type="checkbox"/> ED <input type="checkbox"/> LD <input type="checkbox"/> MR <input type="checkbox"/> OHI <input type="checkbox"/> OI <input type="checkbox"/> HI <input type="checkbox"/> VI <input type="checkbox"/> SLI <input type="checkbox"/> Severe/Profound <input type="checkbox"/> Early Childhood			<input type="checkbox"/> Add <input type="checkbox"/> Delete		
	<input type="checkbox"/> Cross Categorical <input type="checkbox"/> ED <input type="checkbox"/> LD <input type="checkbox"/> MR <input type="checkbox"/> OHI <input type="checkbox"/> OI <input type="checkbox"/> HI <input type="checkbox"/> VI <input type="checkbox"/> SLI <input type="checkbox"/> Severe/Profound <input type="checkbox"/> Early Childhood			<input type="checkbox"/> Add <input type="checkbox"/> Delete		
	<input type="checkbox"/> Cross Categorical <input type="checkbox"/> ED <input type="checkbox"/> LD <input type="checkbox"/> MR <input type="checkbox"/> OHI <input type="checkbox"/> OI <input type="checkbox"/> HI <input type="checkbox"/> VI <input type="checkbox"/> SLI <input type="checkbox"/> Severe/Profound <input type="checkbox"/> Early Childhood			<input type="checkbox"/> Add <input type="checkbox"/> Delete		
	<input type="checkbox"/> Cross Categorical <input type="checkbox"/> ED <input type="checkbox"/> LD <input type="checkbox"/> MR <input type="checkbox"/> OHI <input type="checkbox"/> OI <input type="checkbox"/> HI <input type="checkbox"/> VI <input type="checkbox"/> SLI <input type="checkbox"/> Severe/Profound <input type="checkbox"/> Early Childhood			<input type="checkbox"/> Add <input type="checkbox"/> Delete		
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Add additional pages as needed

Staffing additions or deletions made throughout the year must be submitted on this form within 10 days of any change.

